



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

464
MEDCO

03 SEP 12 P12:40

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Laubacher	Cynthia M.		916-726-1081
MAILING ADDRESS (Street)			FAX
7017 Cobalt Way			916-726-9756
(City)	(State)	(Zip Code)	
Citrus Heights	CA	95621	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Medco Health Solutions, Inc.	719-487-309	
MAILING ADDRESS (Street)	FAX	
19520 Yellow Wing Court	719-841-8093	
(City)	(State)	(Zip Code)
Colorado Springs	CO	80908
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Peter F. Harty VP, Government Affairs & Policy		719-487-309
MAILING ADDRESS (Street)		FAX
19520 Yellow Wing Court		719-841-8093
(City)	(State)	(Zip Code)
Colorado Springs	CO	80908

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (Indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Cynthia M. Gantacher
(Signature of Lobbyist)

9/8/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Peter F. Harty		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VP, Government Affairs & Policy	
NAME OF ORGANIZATION (if applicable) Medco Health Solutions, Inc.		TELEPHONE 719-487-309	
MAILING ADDRESS (Street) 19520 Yellow Wing Court		FAX 719-841-8093	
(City) Colorado Springs	(State) CO	(Zip Code) 80908	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Peter F. Harty</u> (Signature of Authorizing Officer or Person Represented)		<u>9/10/03</u> (Date)	